

REISSUE PATENT APPLICATION TRANSMITTAL

17513 U.S. PTO
10/782750
021904

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	MIT 6917 (CMCC 450) DIV
	First Named Inventor	Joseph P. Vacanti
	Original Patent Number	6,348,069
	Original Patent Issue Date (Month/Day/Year)	02/19/2002
	Express Mail Label No.	EL 717 745 183 US

APPLICATION FOR REISSUE OF: (Check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original Patent Grant</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: <u>Certificate of mailing under 37 CFR 1.10; Associate Power of Attorney</u></p>

18. CORRESPONDENCE ADDRESS

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Signature		Date	February 19, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17236 U.S. PTO

PTO/SB/56 (08-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

MIT 6917 (CMCC 450) DIV RE

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 7	(B) 30	**** 10 =	x \$ 9.00 =	90.00	or	x \$ ____ =
Independent claims (37 CFR 1.16(i))	(C) 1	(D) 2	* 1 =	x \$ 43.00 =	43.00		x \$ ____ =
Basic Fee (37 CFR 1.16(h))					\$ 385.00		\$ ____
Total Filing Fee					\$ 518.00	OR	\$ ____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =
Total Additional Fee					\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account Number 50-1868 in the amount of \$518.00.
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-1868.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

February 19, 2004

Date

31,284

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Patrea L. Pabst

Typed or printed name

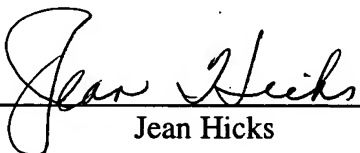
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Application for Reissue of U.S. Patent No. 6,348,069
Filed February 19, 2004

CERTIFICATE OF MAILING UNDER 37 CFR §1.10

I hereby certify that this Reissue Patent Application Transmittal, and any documents referred to as attached therein, are being deposited with the United States Postal Service on this date, February 19, 2004, in an envelope as "Express Mail Post Office to Addressee" service under 37 FR 1.10, Mailing Label Number EL 717 745 183 US, addressed to Mail Stop Provisional Patent Application, Assistant Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.



Jean Hicks

Date: February 19, 2004

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